Tobacco Use Cessation Survey Results

The United States Army Center for Health Promotion and Preventive Medicine (USACHPPM) conducted an on-line survey from 4 January – 31 January 2002 to measure various aspects of tobacco use cessation (TUC) in primary care clinics in the Army, Navy and Air Force. We were specifically interested in three aspects of the implementation process of the Clinical Practice Guideline (CPG) for Tobacco Use Cessation in the Primary Care Setting: the satellite broadcast, the toolkit and whether pharmacies restrict TUC medications to formal cessation classes (which would hinder the Primary Care Provider from helping individual tobacco users).

On 19 September 2001, the satellite broadcast was aired to 'kick-off' the Implementation of the VA/DOD Tobacco Use Cessation (TUC) in the Primary Care Setting Clinical Practice Guideline. In late August, TUC toolkits were sent to each medical treatment facility to assist the healthcare team in implementing the guideline. Implementation Action Plans for Army sites was mandated to be completed by 1 December 2001 by the Army Medical Department.

Survey results are contained in this presentation with a succinct write-up for each figure. As you will note, the vast majority of the respondents were from the Army, therefore most of the information relates to Army data only. This survey will serve as a baseline for a follow-up survey in January 2003

We would like to thank all of you who took the survey, and more importantly, your efforts to educate our patients on the risks associated with tobacco use.

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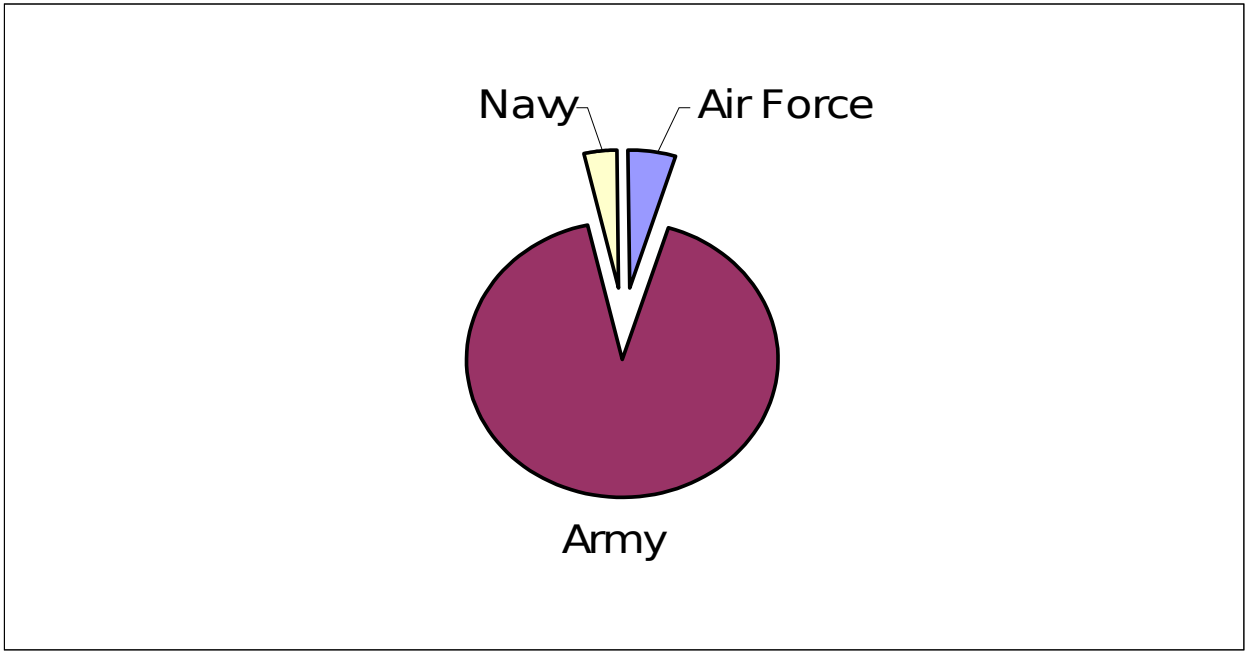
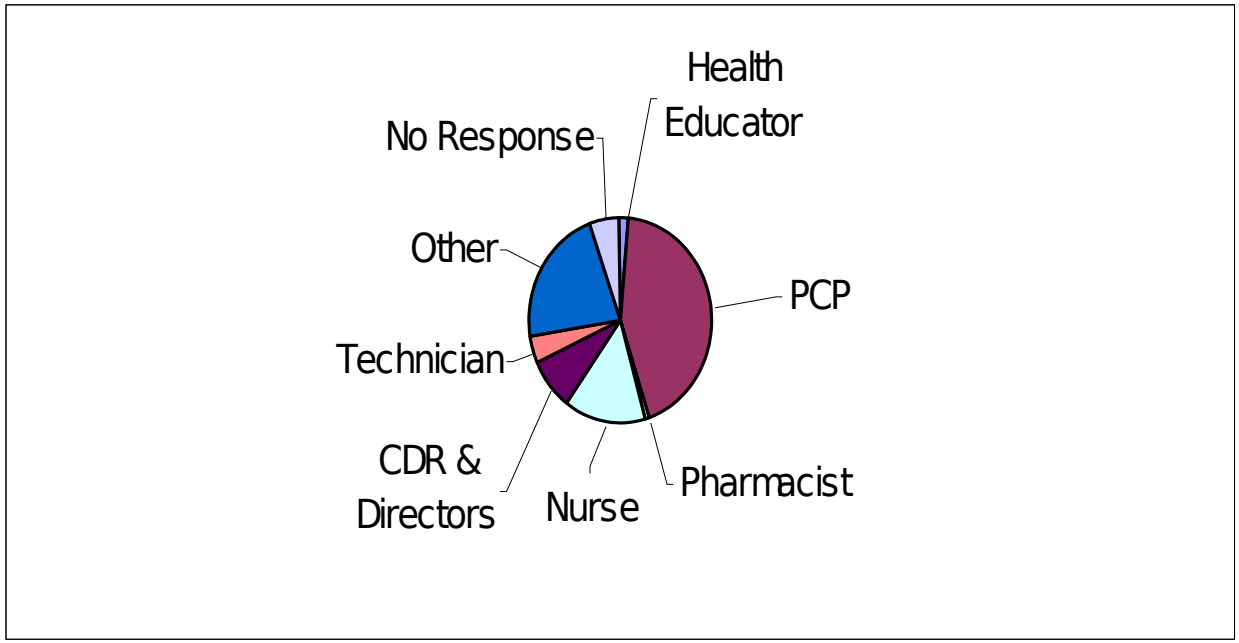
Number of TUC Survey Respondents by Service N=1192



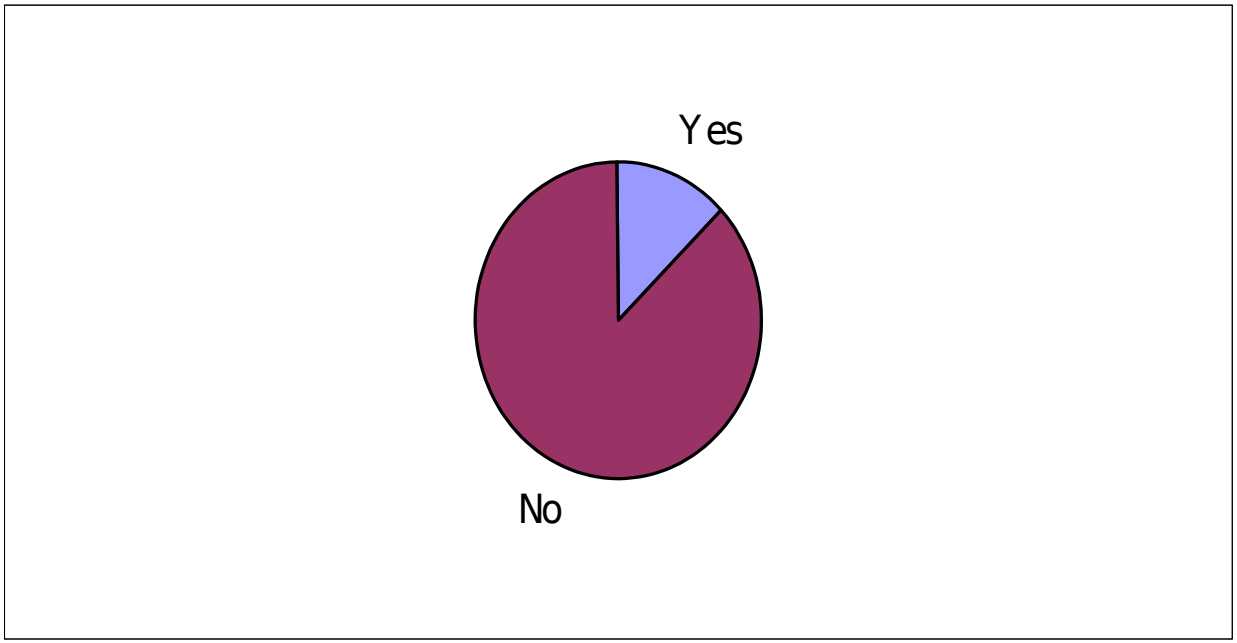
This Tri-Service survey was web-based and participation solicited by email. Since there was such a large majority of Army respondents, the remainder of the presentation reflects Army respondents. The *total* number of possible recipients of the survey is impossible to determine considering the variation in knowledge of and access to the survey at individual MTF's. Commanders and Deputy Commanders were asked to forward the survey to their respective Primary Care and current tobacco use cessation portals, with the understanding that this was a *voluntary* survey. Numbers of respondents from all Army sites ranged from 1 to 207 per site. The median was 9 and the mean was 14 respondents per Army site. 78 Army sites were represented.

Army Respondents by Positions (N=1091)



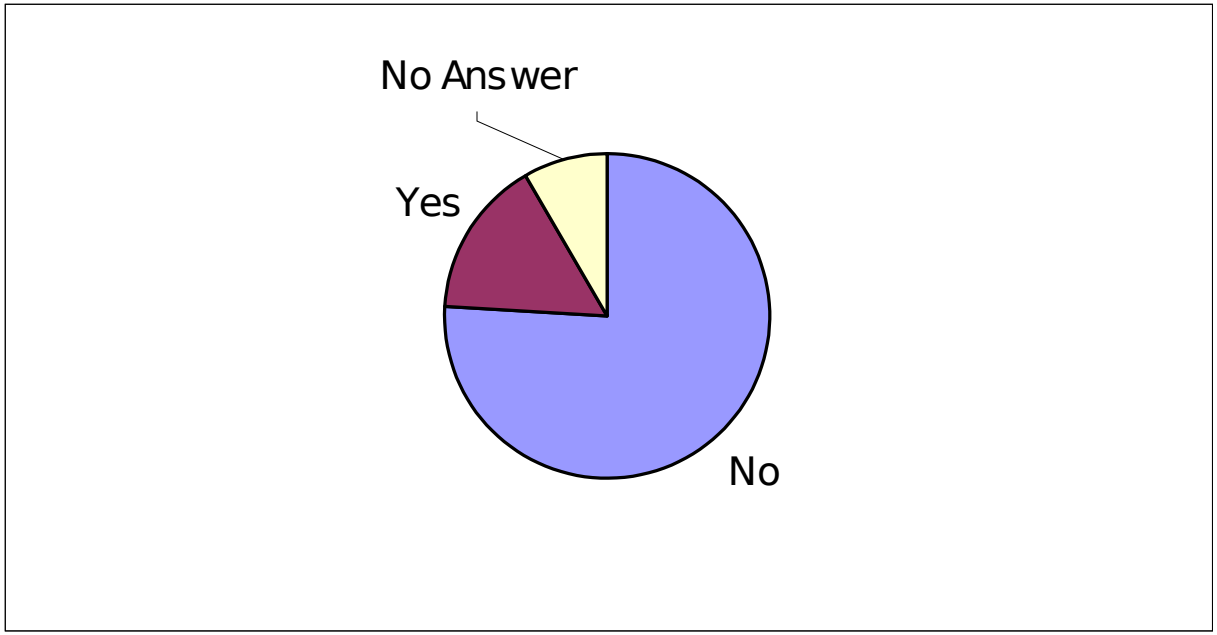
Primary Care Providers (PCP) included FP's, Pediatricians, Internists, Dentists, Nurse Practitioners and Physician Assistants. DoD Dentists were surveyed separately in September 2001. A copy of the results of that survey is available by e-mail request. The "Other" category included a variety of individuals ranging from non-primary care physicians, allied health professionals (such as audiologists, dental assistants, physical therapists, mental health specialists and podiatrists), receptionists and other administrative personnel. To get actual numbers of respondents click twice on the pie chart (in slide *view*, not slide show mode) and select the 'Sheet 1' tab at the bottom. To close out, ensure you are on the "Chart" sheet.

Army Respondents Viewing Satellite Broadcast



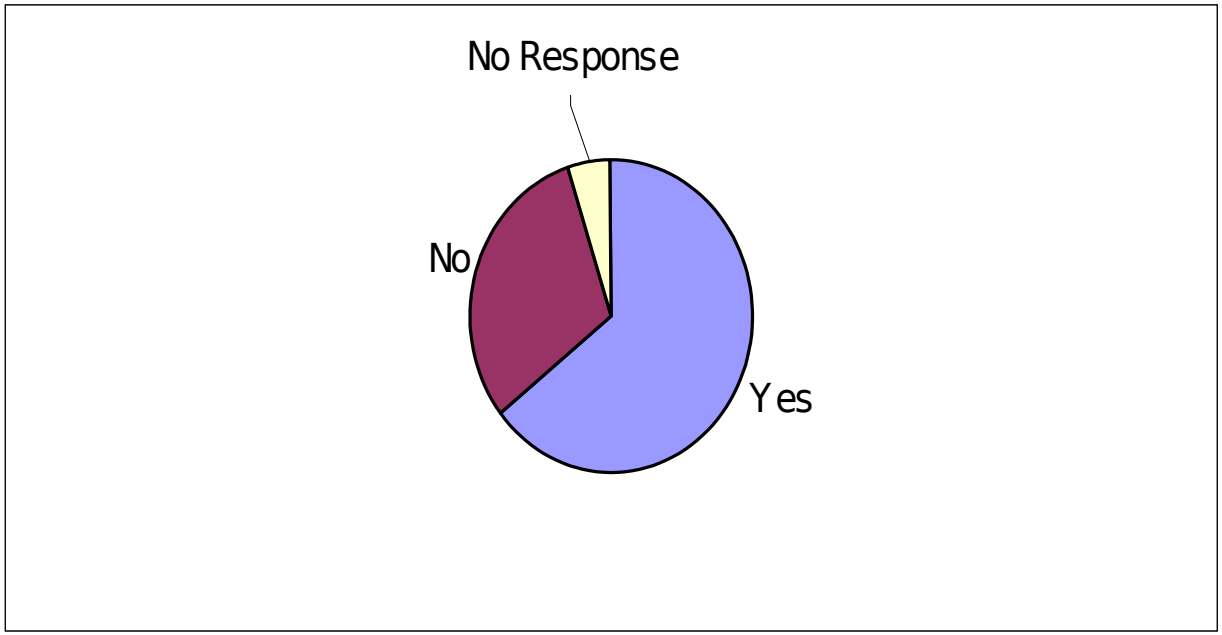
The majority of Army respondents did not watch the satellite broadcast. It is speculated that this may have been due to post 9-11 activities and the tremendous time constraints on MTF personnel to see patients. An additional reason could be that there is a general understanding that personnel who need to watch the satellite broadcast are the MTF's guideline implementation team. LTG Peake's Memorandum concerning the Army Medical Department-Wide Implementation of the VA/DOD Tobacco Use Cessation (TUC) in the Primary Care Setting Clinical Practice Guideline (CPG) did not specify that the broadcast was mandatory; only that it was the "kick-off" to guideline implementation within primary care.

Army Respondents Using Toolkit



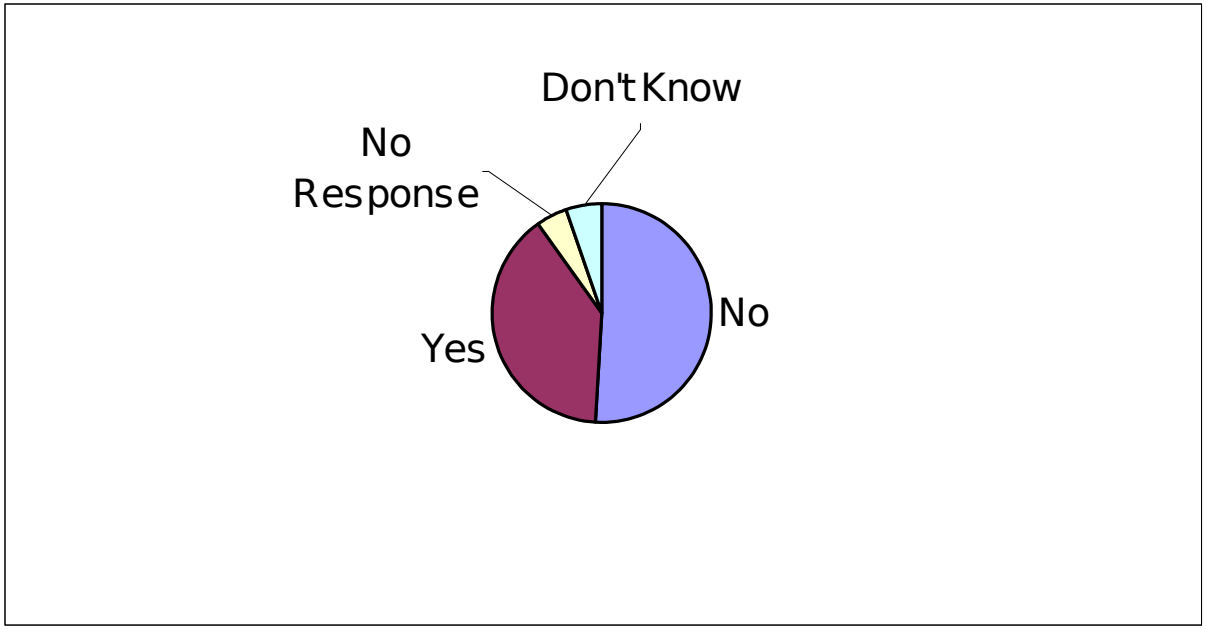
Lack of use of the toolkit may reflect the fact that the implementation plan was due only one month prior to this survey. The guideline implementation team needs time to educate the rest of the MTF's healthcare team on the guideline and its accompanying tools in the toolkit. The UM coordinator at each medical facility receives a taped copy of the satellite broadcast to assist the implementation team in teaching the guideline to the healthcare team. There is also a 'canned' power point presentation of the key elements of the guideline within the Toolkit that the Physician Champion can use to teach the healthcare team. Two hours of CME may be obtained until 19 September 2003 if the broadcast tape is watched and the post-test successfully completed.

Army Respondents Who Screen All Patient Encounters



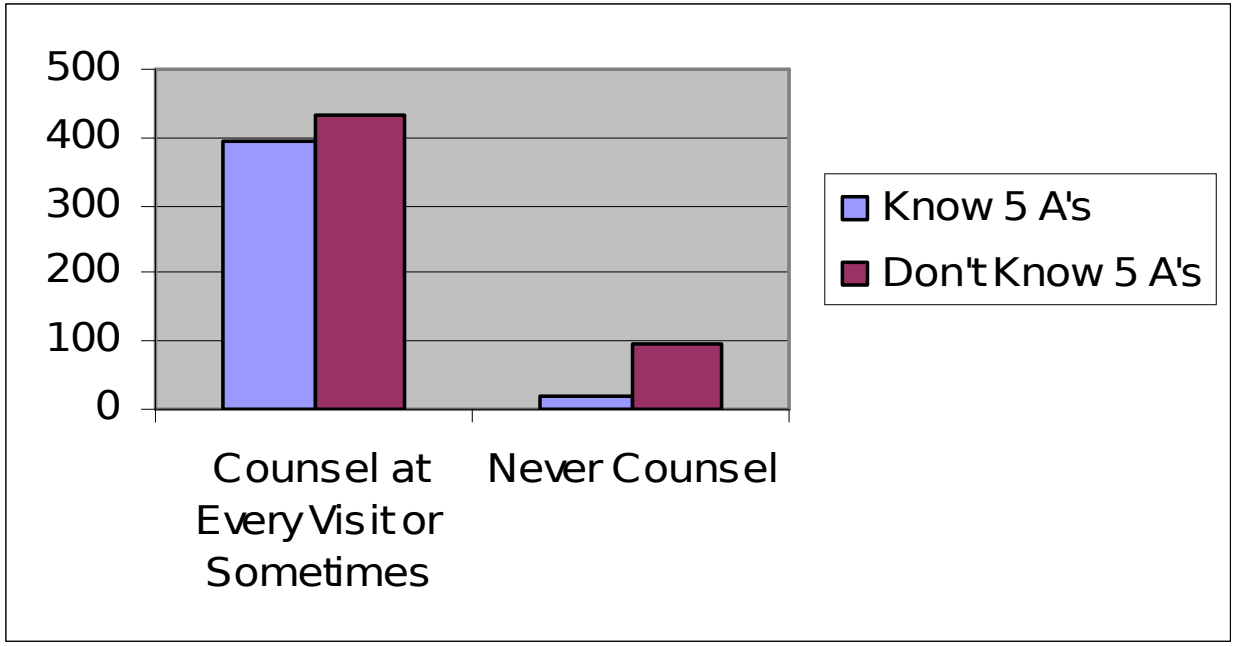
There is moderately good effort to screen for tobacco use among all patients (64%); however, there is definite room for improvement. This provides an approximate Army-wide benchmark to achieve or exceed. As part of the CPG implementation, this is one metric that each MTF will be measured against (percentage of patients screened at least annually for tobacco use). The other provider level metric from the guideline is the percentage of tobacco users counseled to stop at least three times in the past 12 months.

Army Respondents Who Have Heard Of The “5 A’s”



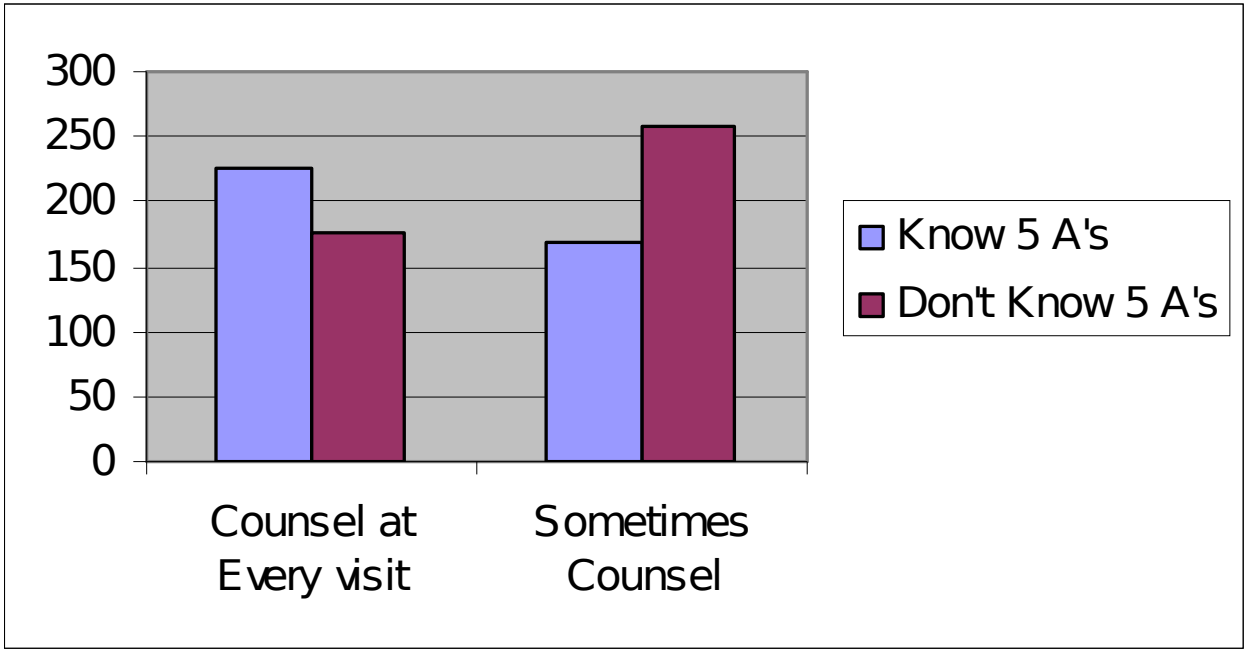
The 5 A’s are: Ask, Advise, Assess, Assist and Arrange. It is a convenient way to remember to how to approach the tobacco user and determine their readiness to change behavior, and if ready, then help the individual quit the tobacco use. Brief interventional counseling is described in the Clinical Practice Guideline and was demonstrated on the satellite broadcast.

Whether Army Respondents Counsel Tobacco Users To Quit



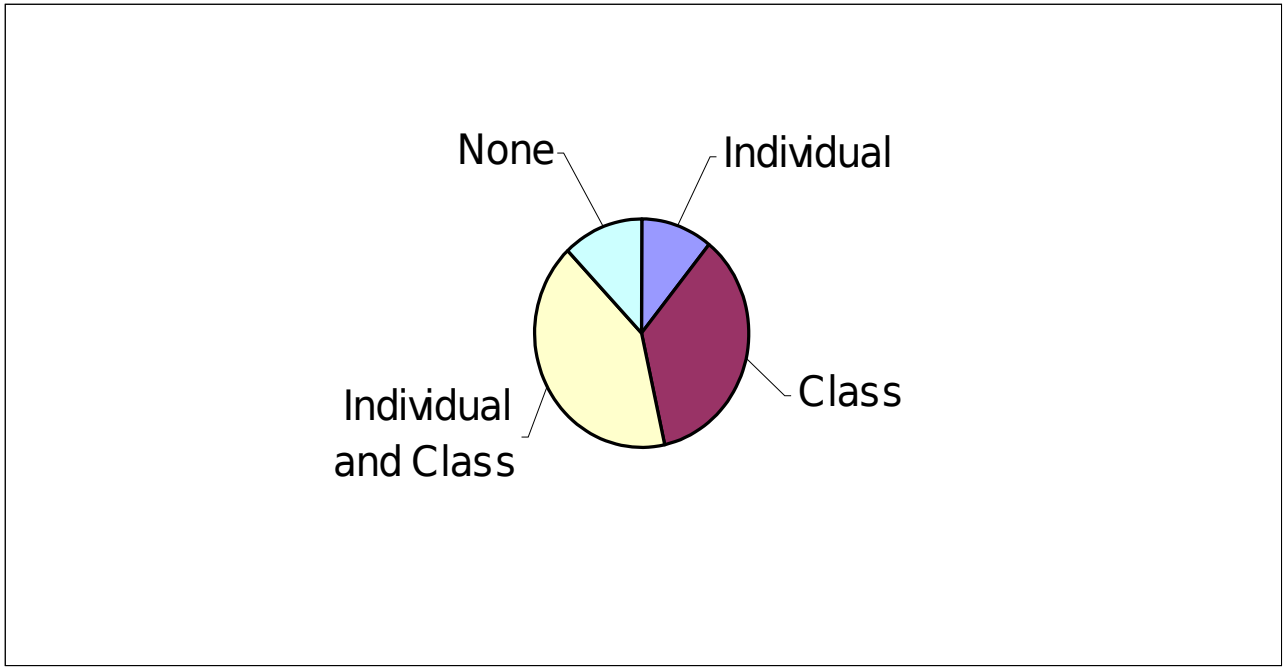
Being familiar with the basic tenets of brief interventional counseling, such as the 5 A's, improves the frequency of counseling patients to stop tobacco use. This data indicates that if one knows the 5 A's one is more likely to counsel at least sometimes relative to never counseling ($P<0.001$). The next slide looks at respondents that state they counsel at every visit or sometimes.

Army Respondents Who Counsel Tobacco Users To Quit



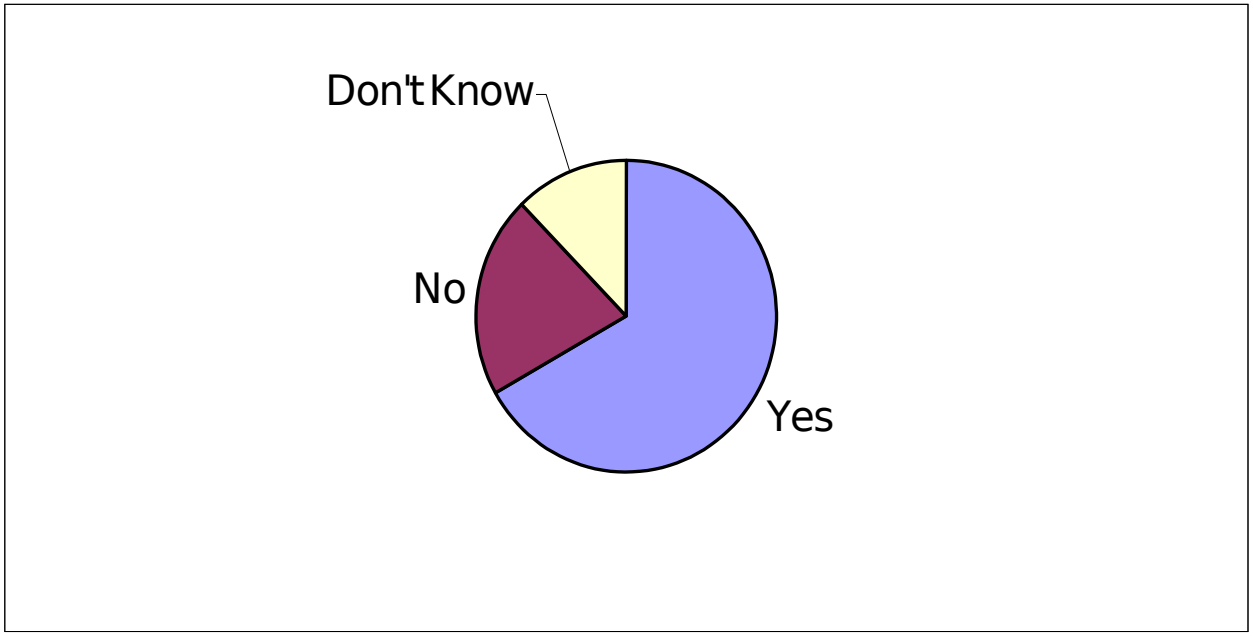
Following from the previous slide, data also indicate that among those that counsel tobacco users to quit, if one knows the 5 A's, one is more likely to counsel at every visit ($p<0.001$). Further research is needed to determine if consistent brief interventional counseling is successful in progressing a tobacco user from pre-contemplation to action.

Types of Tobacco Use Cessation Programs Among Army Respondents



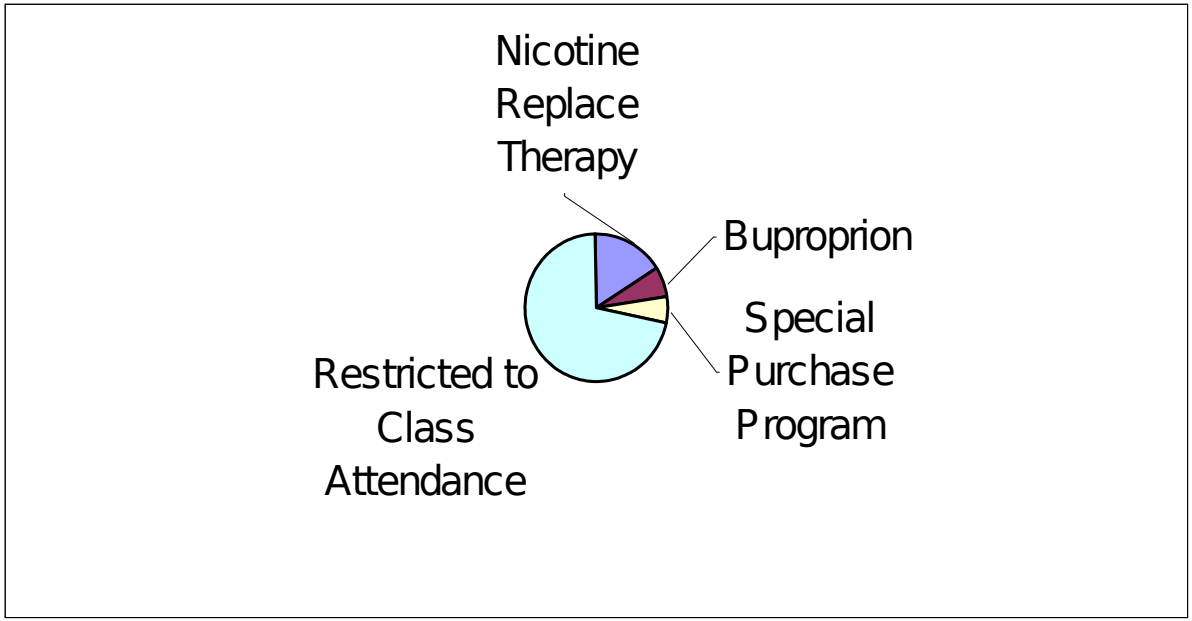
The Tobacco Use Cessation in the Primary Care Setting Clinical Practice Guideline is to help Primary Care Providers counsel individual tobacco users to quit who may not be able or cannot go to a formal class.

Army Respondents Who Prescribe TUC Meds, Are There Pharmacy Restrictions?



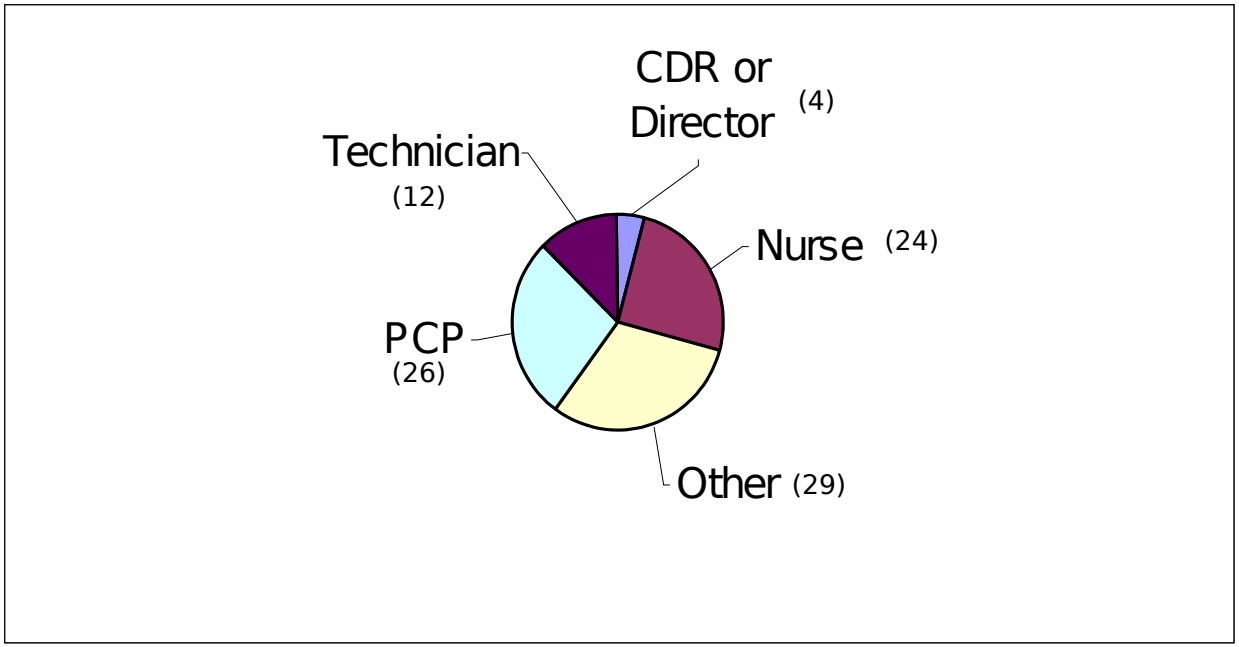
67% of those that prescribe TUC Meds indicate there are pharmacy prescribing restrictions. This will adversely impact the ability of the Primary Care Provider to effectively use the tenets of the practice guideline which is to help tobacco users quit even if it must be done on an individual basis. Research has shown that the most effective method to ensure tobacco cessation is intensive counseling (class or individual) in combination with tobacco cessation drugs. A very concise table of the pharmacotherapies for tobacco cessation can be found on the the tri-fold pocket card in the TUC toolkit. It is important that providers are aware of and use brief interventional counseling, since it has been shown that pharmacotherapy alone is not effective in tobacco cessation.

Types Of Pharmacy Restrictions Indicated By Those Who Prescribe



75% of pharmacy restrictions are related to the need for a commitment to a formal class. This data represents prescribing respondents who indicated at least one restriction on the survey. It does not necessarily represent those who mark multiple types of pharmacy restrictions. One of the concerns is that requiring attendance to a class may present a roadblock to certain tobacco users who may not be able to, or will not attend a formal class. This is often times related to job and time constraints. Tobacco is a major contributor to illness, disability, death and health care costs. Tobacco is the single most preventable cause of premature death in the U.S. today. Eliminating roadblocks to assist tobacco users to quit is the primary rationale for implementing this guideline.

Army Respondents That Personally Use Tobacco



Although a small number (total of 95 or 8.7%) responded that they personally use tobacco products, it would be ideal to have no one in the healthcare community use tobacco in order to be the perfect role model for our patients. At least the healthcare community has a lower tobacco use rate than the DoD which ranges from 30% (overall) to 37-40% for the younger active duty population.

Survey Conclusions

- Most respondents did not watch the Tobacco Use Cessation (TUC) in the Primary Care Setting Satellite Broadcast. This is possibly attributed to post 9-11 activities, tremendous time constraints on MTF personnel to see patients and the general understanding that personnel that need to watch the satellite broadcast are the MTF's guideline implementation team.
- Most respondents do not use the TUC toolkit. This is possibly attributed to the timing of this survey. The implementation team needs time to educate the rest of the MTF's healthcare team on the guideline and its accompanying tools in the toolkit
- The majority of respondents state that their area screens all patient encounters for tobacco use.
- Those respondents who do not know or have not heard of the 5 A's are more likely to not counsel tobacco users for TUC.
- The majority of prescribing respondents state that the pharmacy restricts TUC medications, and the restriction is primarily due to the requirement to attend a formal TUC class.